FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000210 (2)

ROBERT M. BULFIN, P.A.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



2826 E. OAKLA FT. LAUDERDA	AND PARK BLVD. ILE FL 33308	2826 E. OAKLAND PARK B FT. LAUDERDALE FL 33308					
					3. Date Incorporated or Qualified 12/22/1993	3a. Date of La	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				Applied For
21		26			65-0456744		Not Applicable
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Ζιρ 24	Country 25		Count 30	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cu	rrent Registered Agent		at	10. Name and Address of New Re	gistered Agent	
BUL	FIN, ROBERT M		8	1 Name			
FT. LAUDERDALE FL 33306				82 Street Address (P.O. Box Number is Not Acceptable)			
			8	3			
				4 City		FLII	Zip Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Statute state of Florida. Such change was a bligations of, Section 607.0505, Flor	s, the about horized rida Statul	ve-named corp by the corpora es.	poration submits this statement for the partion's board of directors. I hereby acceptions	urpose of changi at the appointmen	ng its registered It as registered
SIGNATURE							
	Signature, typed or printed name of registere			gent signature requi	fred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODO IN 10
TITLE	DEFICERS	AND DIRECTORS DELFTE	13.	. [ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	BULFIN, ROBERT M	D beer to	1.2 NAM				nge
STREET ADDRESS	2826 E. OAKLAND PARK (REVID.		E1 ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 3330			-ST-ZIP			
TITLE	111 0 10 0 0 10 10 10 10 10 10 10 10 10	DELETE	2 1 11TL			☐ Cha	nge Addition
NAME			2.2 NAM				• —
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2 4 CIT	r-ST-ZIP			
TITLE		DELÉTE	3 1 TITL			☐ Cha	nge 🔲 Addition
NAME			3.2 NAM	L .		5	
STREET ADDRESS			3.3 STRI	ET ADDRESS			
CITY-ST-ZIP			3.4. CIT	/-ST-ZIP			
TITLE		DELETE	4.1 TITL			☐ Cha	nge 🔲 Addition
NAME			4. 2 NAM	AE .			
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TITL			Cha	nge 🔲 Addition
NAME			5.2 NAM	E			
STREET ADDRESS	•		5.3 STR	E1 ADDRESS			
CITY-\$T-ZIP		——————————————————————————————————————		- \$1 - 7IP			···
TITLE		☐ DELETE	6.1 THL	F		Cha	nge Addition
NAME			6.2 NAA	E			
STREET ADDRESS			6.3 STR	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-S1-7(P			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.